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CLIMATE & CONSUMPTION.

BY

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A FEW words are necessary to explain to the public the circumstances which called forth the following paper. A series of letters appeared some weeks since in a daily journal, attacking the views which I published in 1863, on the influence of Australian Climates on Consumptive Patients coming from Europe. Honest criticism I like, personal abuse I do not complain of ; it amuses the public and does not hurt me ; but when the writer in question coolly asserts that I “ *have not the temerity to deliberately reiterate my statements, and most of all men regret the unguarded publication,*” it is time to expose his style of argument, which is deliberately to attribute opinions to his adversary without a shadow of reason, on the chance of his not thinking it worth while to to contradict them. Hence this paper.

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There is in our profession a certain class of what may be called microscopic philosophers, who seem utterly unable to take a general view of any subject, whatever its nature may be. They look at it with the same field of vision that one gets with a $\frac{1}{4}$ inch lens, and then jump at the conclusion that they are familiar with all its bearings. "Ex pede Herculem" is their motto; one swallow with them always makes a summer, one fault damns a character. Like Count Smorltork's note book, their heads are full of disjointed and trivial facts, none of which are important in forming any general conclusion; and consequently, like Mr. Weller, in the dark passage, their "vision's limited." Tell such a one of the wonderful speed and regularity with which the Great Britain makes her passages, and he will at once growl about the berths being half an inch shorter than those of some old tub that takes four months on the voyage. Set him to inspect a regiment of soldiers, and he will overlook drill, discipline, and general smartness, to descant on the disgraceful fact that Private Smith's hair is cut distinctly shorter on the left side than the right, and that Corporal Jones's tendency to squint spoils the uniformity of the line. Praise the genius of Shakspeare, and he twits you with his ignorance of the topography of Bohemia; talk of the iron will and Spartan virtues of Cromwell, and he will complain of the wart on his nose.

A gentleman of family and position comes to Melbourne consumptive, for the good effects of the voyage, and change of climate; other conditions not connected with consumption arise during the voyage, from which he dies here; and with happy logic, our microscopists (supplied with a little jumping powder, in the form of envy, jealousy, and other amiable aids to exertion) bring these facts together, thus: consumptive, voyage, Australia, death—that is to say, if consumptive patients undertake the voyage to Australia, they will die, because a consumptive patient did so, and did die. There certainly is another fact in the matter, that some people might consider worthy of notice, namely, that the patient did *not* die of consumption, and therefore, the argument has no more point than if he had been killed in the Hobson's Bay railway carriages, on the way from Sandridge. But our microscopists, as we have seen, always seize upon the first and nearest piece of evidence, and found their opinion on that, utterly ignoring whatever else may be part and parcel of the question.

As you all know, this much regretted death was made the text for a series of attacks upon myself, for my advocacy of a voyage to and residence in this climate, for persons suffering from or threatened with consumption in Europe.

These letters bristled with such palpable falsehoods, and their style was so characteristic, in its jumbled distortion, of the petty malignity that has for years past endeavoured to cast dirt at this Society, that we need say no more on the subject except to point to the writer of them as a "shocking example" of the contemptible position to which a man may reduce himself by the habitual practice of envy, malice, and all uncharitableness.

There are few therapeutical agents whose operation it is more necessary to avoid looking at from the microscopic point of view than change of climate; and the fact of the almost desertion of such places as Madeira for instance of late years, and the great influx of invalids to antipodal climates, shows how completely the views of physicians in Europe have altered and enlarged, and advanced with the age, in this as in all other subjects. The Madeira class of climate, as we have shown at length elsewhere, is but an extension of the old shutting up system; it aims solely at the quieting of the cough in consumption, and does not pretend to go to the root of the matter at all. To praise a place as a residence for invalids of any kind because it is dry, or moist, or equable, is decidedly the microscopic way of dealing with the subject. We should enter on the choice of a climate for an invalid just as we do on the treatment of a case of fever or inflammation—not waste time at first in minutiae, but regard the case from an eminence as it were, and take a general—if you like, a bird's-eye—view of the whole individual, physically, intellectually, and morally; his past history, his present condition, his future prospects. In the fever or inflammation case we don't spend our time in discussing the relative advantages of beef tea or mutton broth, or barley water and linseed tea, or brandy and port wine; but we say, "What is the gist of this case? What course are we to steer? Does he require a generally stimulating and supporting diet and regimen, or a particularly stimulating one, or is a minimum of food all that is required? or is nature able to manage the case better for herself than we could, and therefore is simple and unstimulating diet the best, without positive interference either way? Having laid down our course on the chart—having decided whether we steer east or west—by Cape Horn or Cape Hope (for in this round world there are many ways of gaining one's journey's end)—then by all means let us enter into minutiae, consider what sails we shall set, how the ship shall be trimmed, and who shall steer her on the given course; in fact, the mutton broth *versus* beef tea, or barley water *versus* linseed tea view of the question, which no doubt is an important item in treatment, but looks as foolish when made to lead the way, as a messenger in the Legislative Assembly would if placed in the position of Chief Secretary.

So it is in the choice of a climate for a consumptive patient, or indeed any constitutional disease for which such a measure may be

utilized. The microscopic philosopher, of course, begins at the wrong end, and, stringing together cough, cold and consumption, jumps to the conclusion that a warm climate must be necessary, and fiddle-faddles about aspect and east winds, and soil, and a dozen other minutiae, without ever considering what is the drift of the whole measure, or what he expects it to do beyond the general notion of "doing the patient good." The rational physician, on the other hand, first asks himself what is at the root of all these symptoms; and if he can ascertain this, then endeavours to find a change of climate which will obviate, or at all events hinder, the development of the peccant root from which those symptoms spring. This being done, he goes into the minutiae, and often is able to find a climate which will act beneficially both in the general and in the particular—both in neutralizing the tubercular cachexy, and in quieting cough and other local symptoms. From a comparatively bad to a positively good climate is, of course, a remedy easy to be understood; but it is quite possible to utilize a comparatively bad climate in the converse manner, if circumstances demand it. In short, climate should be used as an *alterative*, and any climate is good or bad for any given case just in proportion as it acts in opposition to the known causes of disease; or in failure of any known cause, reverses the conditions under which the symptoms originated. There is no standard of excellence in climate for consumption; its merit is entirely relatively to the individual case; and heat or cold, dampness or dryness, equability or changeableness, are the beef tea *v.* mutton broth part of the question, very important in their proper place and time, but wholly to be subordinated to the one thing needful, *change*. Now, to a large section of patients suffering from tubercular disease originating in Europe, the change to an Australian climate fulfils both general and particular indications. In the first place, it is a complete change; and if a remedy is determined to be suitable, the more thoroughly it is applied the better. A very large proportion of British phthisicals originate from particular faults in the home climate itself, darkness, dampness, and chilliness. Here we give them light, dryness, and warmth. That is to say, the change is both complete and for the better; as we know that the former conditions favour the development of the scrofulous diathesis and the latter hinder it. On the other hand, we see that phthisis originating here is often arrested by a voyage and a short residence in a northern European climate; the change, though from a very salubrious to an only comparatively salubrious climate, being utilized *as a change* for the time, without any reference to the minor branches of the question. To send a patient from here to Syria, Upper Egypt, or Algeria, would be of little or no use. So little is cold, when dry, regarded by physicians of the advanced school, who have got a little beyond the "venerable Clark's" views, that some patients are not unfrequently sent to winter in Canada or Russia, with benefit to themselves and to the utter discomfiture of the theorists of the microscopic school. There are, indeed, but a small proportion of cases of phthisis however and wherever originating, to whom such a change would be

the required alterative ; but their recognition, and the boldness of advocating and practising such a treatment is to my mind a triumph of rational wide-scooped medicine over microscopic narrow-mindedness.

The proposition that I have endeavoured to illustrate in my work on the Australian climates is, that the grand *sine quâ non* in the treatment of all cases of phthisis being change, the change should be to a climate as dissimilar as possible to that in which the disease originated, and at the same time negating the ordinary conditions under which tubercle and scrofula are wont to develop themselves in the climate where the patient has been residing. I have endeavoured to show that the climates of these colonies in general thoroughly fulfil both these indications ; and also that if it is necessary to enter into the minutiae of climatics, we are equally "all there," for we can supply as great a variety in the way of dampness and dryness, heat and cool, as can be found in any of the health resorts of Europe. I have nowhere asserted that the voyage hither must necessarily be beneficial : merely that in the large proportion of such cases it is.

The work in question appeared in the autumn of 1863, nearly seven years ago, and each year since has brought to these shores an increasing number of persons in various stages of disease, most of them sent out by the express advice of their physicians in the large towns of Great Britain and Ireland. Scarcely a ship comes into Port Phillip without two, three, or more such. Now what does this mean ? What are we to suppose, when a remedy is year after year prescribed to a greater number of patients by the leading physicians of the day ? Why, either that those physicians have gone mad and are playing *felo de se* with their own reputations, or that the remedy is a tried and a successful one. I don't deny that most inappropriate cases are sometimes sent here ; I think it quite probable that doctors at home occasionally say "go to Australia" as a last resource, when they don't know what else to recommend ; but despite these, which are the exceptions, I most unhesitatingly affirm that I have seen more cases of absolute recovery from tubercular disease of the lungs in any one year of my residence in this colony than I ever *heard of* in Europe. There is hardly a physician of any eminence in London, Edinburgh, Dublin, or any of the large towns of the kingdom, from whom patients are not constantly being sent to these colonies as the most probable means of arresting tubercular disease. There is nothing new in the work in question, the matter is merely put plainly and in a readable and logical manner. Walshe, Graves, Stokes, and many others, wrote of these climates in the highest terms long before the author of "Australian Climates for Consumption" ever dreamed of coming here. Dr. Walshe, even in his earlier editions, writes of "Egypt and Australia" as furnishing from time to time the most striking examples of arrest of phthisis in individuals of the Saxon and Celtic races of Northern Europe. This was written 16 or 17 years ago, and Dr. Walshe still sends patients out in almost every ship. What *can* we infer from this ?

But apart from other people's opinions and experience of the effects of this climate on consumptive patients coming from Europe, what

do we see and know of the results of such a change ourselves? Now, I think I may be allowed to speak with a certain degree of authority on this matter, as I believe nine-tenths of the chest cases coming from Europe pass under my hands at some period of their stay here, and therefore I may be supposed to be more conversant with the statistics of the subject than those whose practice is more general than special. I say this without egotism or vanity, but simply as a shoemaker might with justice claim to know more about leather than a tailor or a carpenter, for the plain reason that it is more in his line. Now I endeavoured for some time to keep notes of these cases, but found that reliable statistics were not obtainable, because all patients would not take the trouble to correspond with me after leaving here, and therefore I am necessarily unable to know in all cases the results of their residence and treatment here. Numerical deductions must therefore be wholly fallible. But the results in the large number of cases which I have been able to trace have been such as to not only justify, but amply confirm my first impressions as given in the work referred to. Were it possible, I would bring before you scores, nay hundreds of persons who came to these shores within the last eight years with confirmed tuberculosis, some with vomica in one or both lungs, who are now enjoying fair, good or even perfect health, as residents in various parts of these colonies. Many of these have continued the identical occupation in Melbourne under which these symptoms originated in the large towns of the United Kingdom. I would engage to produce (would the patients themselves permit it) more cases of indubitable arrested phthisis in Melbourne at this very time, the result of the change from Europe, than are shown in the much praised statistics of Dr. Williams during his 36 years experience. Of course no human prescience can foretell when the symptoms might re-appear under exciting conditions, but I mean cases where all morbid action has ceased, the natural weight or something near it has been regained, and the patient is able to perform all the duties, and enjoy all the pleasures, of life. Many of our leading professional men and merchants, who now go by the name of "old chums," were sent out here with phthisical symptoms. It is seldom that there are not two or three well-known clergymen from home in our pulpits preaching with a vigour which they had little hope of regaining when they left Europe. I am not ignoring the fact that many cases of phthisis so arriving get worse and die here or go back to die. How can it be otherwise? This must be a fatal disease, under whatever circumstances, to a considerable proportion of those attacked. What I am contending is, that we see far more cases of recovery here than we ever did in Europe. But if the change to this climate is in a vast majority of cases the most potent alternative that can be used to arrest phthisis originating in Europe, it is also easy enough to show that, in itself, this climate is deficient in those faults and peculiarities which aid so much in the development of the tubercular diathesis in Northern Europe. All statistics of general hospitals, and of the mortality of centralizing populations like ours are fallacious to a degree, when called upon as witnesses in

the cause of climatic influences on disease. As has been truly enough said, a large proportion of the deaths from phthisis in this country now are hopeless cases sent from Great Britain. Unless these can be sifted out no correct deductions can be drawn. The influence of colonial life and manners, particularly spirit drinking to excess in a warm dry climate, the unaccustomed excitements of a gold-producing country upon minds used only to the humdrum dead level of English country life, are disturbing elements which interfere greatly with our appreciation of the actual climatic influences *per se* apart from all alterations of social condition. But there is one class of our population which is entirely free from all such, and this is the penal class undergoing long sentences in Pentridge and elsewhere. No comparison could be more fair, unbiassed, and free from exception than that between the mortality in the penal establishments in this and in the home country. The penal class is well known to be a distinct class in society all over the world, and a Melbourne thief is as like a London thief as two eggs or two peas. The mass of them in both countries are drawn from the same level in society, having the same breeding, the same antecedents, the same pleasures, the same business. When in confinement the prisoners at Pentridge and at Millbank Penitentiary have a diet, regimen, and occupation almost identical, so that all these other things being equal we must look to climate as the cause of any very remarkable difference in the mortality of the two institutions. Now at Millbank, as we learn from the reports of the Directors of Convict Prisons in England, the daily average of prisoners during the year 1860 was 531, the greatest number of males at any one time being 741; of these, two were recommended for pardon on account of advanced phthisis, two died from the same, and no less than *one hundred and two* were removed to other invalid prisons on account of phthisis. Besides these sixteen were removed for hæmoptysis. In 1861 the greatest number at one time was 809, the daily average being 515; of these, 5 died from phthisis, and 132 were removed for the same cause, and 19 for hæmoptysis. In Pentridge and Collingwood Stockades, with an average of 1000 male adults, *there was no death from consumption in these two years.* And lest this should be thought coincidence, let us show the whole figures as far as attainable to the present date.

STATISTICS OF PENAL ESTABLISHMENT AT PENTRIDGE.

Year.	Average Numerical Strength.	Cases of Phthisis under Treatment.	Deaths from Phthisis.	Total Deaths.
1860	945	2	0	3
1861	869	7	0	2
1862	806	3	2	8
1863	759	2	0	3
1864	790	9	0	3
1865	782	4	1	5
1866	944	9	0	7
1867	902	3	1	7
1868	851	5	2	8
		—	—	—
		44	6	46

I have the permission of the Chief Medical Officer (Dr. M'Crea) to record his entire agreement with the views I have put forward as to the influence of this climate on tubercular disease. That gentleman's long experience in these colonies, and his peculiar facilities for ascertaining the operation of external agencies on the health of our penal population, make his opinion of great value. Dr. Reid, Surgeon to the Stockade, also bears witness to the wonderfully low mortality in that institution.*

These figures are too startling to be passed over without careful attention, and are equally proof of the extraordinary general salubrity of this climate and of its peculiar immunity from phthisis as regards individuals following out any thing like a regular and systematic diet and regimen, without excesses and excitement. Speak of this to a microscopic philosopher and he will at once come down with a grumbling whine about the "dreadful hot winds," and the "sudden changes." This is just of a piece with his usual style of logic, is as we have seen, which is to forget the scheme of treatment of a case of fever, to quarrel over some peddling minutia which concerns the cook or the nurse rather than the physician, to ignore the general, the patriot, or the regicide, because the man was no Adonis!

That a hot-wind is prejudicial to many invalids, no one denies; but on how many days of the 365 does it occur? and how long does it last? Take even this last summer, an unusually hot and dry one; what proportion do the hot-wind days that could by any means be injurious to a phthisical patient bear to the lovely, cloudless days of a temperature not to be improved upon? Any one who has experienced the feel, and the duration of, the sirocco in the vaunted health-resorts of Southern Europe, knows that the hot-winds here cannot compare with it either in length, discomfort, or prejudicial effects. As for the sudden changes (as Dr. Walshe says) the climate of Upper Egypt, which, with Australia, is most remarkable for the arrest of phthisis, is also most "glaringly deficient in this element of theoretical success." The old pattern climate of the Sir James Clark school, the "good young man" kind of place that never did anything wrong in the way of East winds, and always kept within certain bounds of temperature, and never gave evidence of any character in particular, except a negative and milk and water mediocrity, is as unlikely to have the power to influence a disease like phthisis, as a homœopathic globule is to control acute pleurisy. The "cough mixture" climate is an exploded bubble—a thing of the past.

* The following ludicrous blunder occurs in the Medico-Chirurgical Review of July, 1864, in a notice on "Bird on Australasian Climates:"—"And again when he estimates the deaths in the penal establishments he must bear in mind that not only have the convicts been subjected to healthy regimen, regular life, and examined before leaving the mother country, but that *convicts in a feeble state of health or not likely to live an average time are not sent to the colony!*" The British mind will require another half century at least to dissociate the ideas of Australia and transportation.

Again, let me insist upon the axiom to which all minor points are subordinate. If we determine upon change of climate as a remedial or curative agency for our phthisical patient, let us not fritter away valuable time in the beef-tea *versus* mutton-broth view of the question; but explain to him that in a disease which attacks the functions of life in their primary origination, such treatment would be as futile as a child's arm to curb a run-away horse. The change for him must be a change "so complete and powerful that it will open not only a new leaf but a new volume in his constitutional history," and anything short of this is impotent to deal with so serious a disease. The cough mixture, or linseed poultice class of climate may, indeed, prolong life in a hopeless case; but in one where there is a hope of arresting morbid action, a chance of cure instead of palliation—such remedies are but a feeble dallying with placebos, while Death is striding to his work.

As I said before, the most successful application of this grand principle of effective change is seen in the removal of phthisical patients from North-Western Europe to Southern Australia; but we may apply it to the same disease originating here. An inland settler will, probably, benefit more by a voyage to Europe and back than by any other remedy you can prescribe; a consumptive resident in our southern littoral by wintering in the far interior on the plains of the Darling and Murrumbidgee, which have a climate both as near perfection in winter as any climate can be, and also offer a striking contrast to that of the sea-coast.

The old saying attributed to Charles II., about the English climate being one in which one could be most days of the year out of doors, applies with ten-fold force to ours. Were the "Merrie Monarch" resuscitated amongst us now, there is hardly a day out of the 365 on some part of which we should not see him, lap-dogs, ladies, Buckingham, and all, on the sunny or shady side of the way as the case might be. This one fact gives the lie to the libellers and microscopists, and places us on a lofty level as regards general salubrity apart from climatic utilizability.

What then is the state of the evidence on this question as to whether it is advisable to encourage the influx of invalids from Europe in search of health to these shores. To object on the score that the unsuccessful cases swell our bills of mortality is to my mind narrow, mean, and unworthy of a liberal policy. Freely we have received the bounties of the Almighty in our brilliant skies, our pure light air, our wonderful immunity from miasma and preventible endemic disease; they are but lent to us for the good of our race, freely let us offer them to the world at large, and not selfishly shut our doors in the face of our suffering neighbours, for the empty honour of being able to boast of a lower unit in our death rate. So much for that part of the question. Now, as we have seen, patients arriving here at any time between April and October—I always counsel to go at once northwards inland, beyond the Dividing Range to the plains of the far interior, where the winter climate is to be described in no other terms than heavenly. I impress upon

them that every minute spent under a roof of any kind is time lost in their treatment, and that they should eat, drink, talk, drive, ride, and, if need be, sleep in the pure, dry bracing air. The results are sometimes miraculous. I remember some years ago sending a "poor fellow" up to the Darling, with one side collapsed from old empyema, softening tubercle in the other lung, and a general haggardness of look that would have scared an undertaker. The following spring, a brown bushman tied a jaded horse at my door, having galloped some thirty miles alongside Cobb's coach, in which was a sick friend whom he was bringing to consult me. The brown bushman was my quondam moribund, hale hearty and active, his collapsed side three inches larger, and his tubercles dried up!

In summer, the bracing southerly breezes of the coast, or the highlands of Gipps Land or Tasmania; in spring and autumn, the neighbourhood of Melbourne. Such variety cannot be had in Europe without traversing the whole length of the continent, three or four times our Australian distances, and we have steamers and railroads as well as other people.

That these colonies have for many years held a high reputation for salubrity, and as a suitable residence for consumptives from Europe, and that this reputation is well-founded, is evident from the fact that all the leading physicians in the home country continue to send patients hither in increasing numbers, as the means of communication are facilitated, which they certainly would cease to do did they not find favourable results from so doing. Besides this, we have our own evidence as eye-witnesses of the fact, and the most remarkable figures quoted of the comparative mortality in penal institutions. How then stands the balance of evidence—in the one scale we find such names as Stokes, Graves, Walshe, Cotton, Williams, Hyde Salter, Andrew Clark, Begbie, Dobell, Hamilton Roe, Barlow, Peacock, Quain, Sibson, Sieveking, Tanner, Watson, and a string of other well-known physicians long enough to fill this page, backed up by our own experience; in the other scale we have "a party by the name of 'Thomson!'" "Oh, monstrous; but one half-penny-worth of" suburban celebrity "to this intolerable deal of" talent!

Mr. President and gentlemen,—We need hardly waste your time by waiting to consider which "scale up-flies and kicks the beam."

A discussion followed.

DR. BIRD in reply, admitted that he felt very strongly on the subject of his paper. Before leaving England, eight years ago, he had been assured by some of the highest authorities in London that his chances of living more than a few months were very small indeed. He came to this colony as a last resource, having tried the effect of change to various European climates without any result. Recovering so rapidly and completely as he had done after a few weeks' residence here, contrary to his own and every one else's expectation, and remaining in excellent health till now, he was justified in attributing his recovery to climatic influences alone. Seeing the impossibility of recording the results of large numbers of cases in private practice, he

had preferred not to bring before the Society numerical records of successful cases, which might be open to the accusation of partiality, but he was convinced that no one regarding the subject carefully and without prejudice could come to any other conclusion than that a far larger proportion of phthisical patients coming from Europe hither recovered than could be instanced under any other conditions. Some of course got worse here, but this was in most cases due to irregular living rather than to climate. One great advantage of these colonies was that so many varieties of climate were readily accessible, according to the requirements of patients, at different seasons of the year. As to the assumed unfavourableness of Australia to patients in the third stage, it must be remembered that in any place such patients would die. But he had seen in this country more cases of prolonged life in this stage than he ever heard of in Europe. He instanced one case in particular of a gentleman, an architect by profession, who was carried from the ship in which he arrived almost moribund, both apices being completely honeycombed. In a few weeks he so far recovered as to be able to commence business in Melbourne, and used to walk into town from Kew every morning, a distance of four miles; he lived for more than two years, and died on the voyage to England. A member of this Society arrived here, about three years ago, with an unmistakeable vomica in one apex, and was now in excellent health. Another weighed but six stones on landing eight years ago, and now did probably the most laborious practice in the city, in robust health. Many well known professional men, both in town and country, had the same history. Every day he saw such cases. That very morning four patients had consulted him, all of whom had flattening under the clavicles, the result of old cicatrised cavities, having been sent from England as cases of confirmed consumption, at periods varying from eight to fifteen years ago. The hospital cases so frequently referred to were principally hopeless cases from Europe, arriving here under the most unfavourable conditions. The mortality from phthisis at the hospital could readily be lessened by a refusal to take hopeless cases, which now were in fact taken in to die. The death rate from this cause in the Bencvolent Asylum had lately been reduced to one-fourth of what it was some years ago, by a refusal on the part of the committee to receive such cases. In laryngeal complications no doubt the dryness of this air was often prejudicial; but climates such as Launceston, suitable to such cases, were readily accessible. With regard to the permanence of the benefit derived by phthisical patients here, he was frequently in correspondence with persons in England who had returned to their avocations and remained well, after having recovered their health by a residence of one or more years here. One gentleman in particular, he remembered, who was sent out some five years ago for phthisical symptoms with hæmorrhage (profuse) and rapid wasting, which a change to southern Europe had failed to relieve, recovered robust health in two years in this colony though following a sedentary occupation in Melbourne, and was still perfectly well though living in a bleak locality in the north of England. He confessed himself an enthusiast on this question,

remembering as he could not fail to do, how much benefit he himself had derived from this climate, but his professional experience supported him completely in his enthusiasm.

On the motion of Dr. BLACK, seconded by Mr. BEANEY, the thanks of the meeting were cordially given to Dr. Bird for his interesting and carefully prepared paper.



